

(THIS FORM IS SUBJECT TO THE
PRIVACY ACT OF 1974 -
Use DD Form 2005.)

EYEWEAR PRESCRIPTION								DATE						ACCOUNT NUMBER									ORDER NUMBER																								
TO: (Lab)														FROM:																																	
NAME (Last, First)														SSN									GRADE																								
ADDRESS/UNIT																		PHONE																													
ADDRESS CONTINUED																		SHIP TO: <input type="checkbox"/> CLINIC <input type="checkbox"/> PATIENT																													
CITY, STATE, ZIP																																															
AD				RES				NG				RET				OTHER*				A				N				AF				MC				CG				PHS				OTHER*			
FRAME								EYE								BRIDGE								TEMPLE								COLOR															
PD				DIST				NEAR				LENS								TINT								MATERIAL								PAIR				CASE							
SPHERE				CYLINDER				AXIS				DECENTER				H PRISM				H BASE				V PRISM				V BASE																			
R																																															
L																																															
MULTIVISION														LAB USE																																	
				NEAR ADD				SEG HT				TOTAL DECENTER																																			
R																																															
L																																															
PRIORITY														TECH INITIALS																																	
SPECIAL COMMENTS/JUSTIFICATION (*Use this space to specify blocks marked "Other.")																																															
PRESCRIBING OFFICER/AUTHORITY														SIGNATURE																																	
DISTRIBUTION ORIGINAL - Retained by Lab. COPY 1 - Returned with eyewear. COPY 2 - Entered in healthcord.																																															

INSTRUCTIONS FOR FILLING OUT THE DD771 TO SEND TO NOSTRA

The headings for each form field will link to the appropriate instruction below. The blank part of each form field contains a "hover" instruction, accessed by holding your mouse cursor over the form field. (The "hover" instruction will not appear if you select, or "click" on the field)

DATE: The date the form was **filled out, not the date the prescription was given.**

ACCOUNT NUMBER: *Required for clinics.* Our lab is automated - the account number allows tracking of orders. Individuals do not need this.

ORDER NUMBER: This field is available for the originating activity to log and track their orders. Any alphanumeric combination is acceptable.

TO: This version of the DD771 is to be used solely for optical orders to the Naval Ophthalmic Support & Training Activity. This form may be used with EMAIL, FAX or Standard mail.

FROM: Fill this in completely. The Clinic Name goes on the first line. The next line allows for a 2 line mailing address if needed. The 3rd line has 3 sections: City, State and Zip. Please use the standard 2-letter state abbreviation and the ZIP+4 information if available. (if the "+4" information is not available, please use "0000") Complete information will ensure that finished orders are returned to the proper originator in a timely manner. Please supply us with DSN or Commercial Voice and Fax phone numbers for our records.

NAME and SSN NUMBER: The patient's last name, first name, last four numbers (only 4 digits are allowed) of the social security number are required. This is very important; orders cannot be traced without this information.

RANK/GRADE: This field contains 2 drop-down lists. Select the appropriate O (for Officer), W (for Warrant Officer) or E (for Enlisted). In the 2nd drop-down list, select the patient's grade.

UNIT, ADDRESS, PHONE and "SHIP TO": If order is sent to the patient's Unit, please give the Unit name on the line below the patient's name, and the mailing address on the next line. Please list: city, 2-letter state abbreviation, and the ZIP+4 information on the next 3 lines. The patient's DAYTIME telephone number should be placed in this space below SSN and Rank.

STATUS: Select the appropriate duty status for the member. **AD=Active Duty; RES=Reserve; NG=National Guard; RET=Retired.** If "Other" is selected, please give explanation in the comments box below.

BRANCH: Select the appropriate branch of service for the member.

FRAME: The drop-down list of frames is current as of May 2008. Frames not listed on the drop-down list may be typed in the space provided. Please refer to NOSTRA's web site to determine eligibility.

EYESIZE: Use the dropdown for the frame eye size.

BRIDGE: Use the dropdown for the frame bridge size.

TEMPLE: Use the dropdown for the temple length and style you are ordering.

COLOR: Use the dropdown for the frame color you are ordering.

INTERPUPILLARY DISTANCE: When ordering any spectacles, the distance PD is **REQUIRED**. Near PD is required for all bifocal, trifocal, and near vision only orders.

LENS: Use the dropdown to enter the **lens style** you are ordering.

TINT: Select the type of tint from the drop down list.

MATERIAL: Not required, unless a special request is made.

SINGLE VISION:

Sphere- Expressed in either a positive or negative numerical value of at least three digits (e. +0.25 or -2.50). Opposite sphere signs for each eye should be verified in the "Special Comments/Justification" section.

Cylinder- If no cylinder power is prescribed, "SPH" is written in this box.

Axis- Expressed in a three digit numerical value between 000 and 180. However, if there is no cylinder power, there will be no axis as well.

Prism- Used only if prism is prescribed for the patient.

Base- If there is prescribed prism, the direction of the prism should be noted here.

MULTI-VISION:

Add for near- For use with multifocal orders only. NOTE: the minimum add power for bifocals is +0.75, and +150 for trifocals.

Segment Height- When an add power is entered, a segment height must also be entered. For trifocals, "OA" (overall height) is written next to the height. This reminds the originator that the measurement was taken for a trifocal, and not a bifocal.

PRIORITY Put the **ordering priority** here: P (Down Pilot), R (Readiness), VIP (O7 and above), T (Trainee), S (Standard Issue), F (FOC), W (Wounded Warrior)

SPECIAL COMMENTS/JUSTIFICATION:

This space is used to verify any non-standard request, or anything out of the ordinary. Some of these things include, and are not limited to: PD less than 60 or greater than 70; Unlike sphere signs; plus (+) cylinder; Different or unusual adds or segment heights; Near Vision Only (NVO)

PRESCRIBING OFFICER/AUTHORITY:

The Doctors name goes in this block.

SIGNATURE: This is CAC enabled.

Note: Bridge, Temple and Color vary by frame.

Not all eye sizes available in all frames.

Please refer to NOSTRA web site for the most current availability and policies.